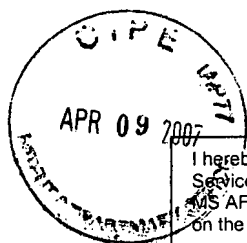


U.S. PATENT AND TRADEMARK OFFICE  
APR 09 2007

AF 70

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. MIY-P01-024	
Application No. 10/642,395	Filing Date August 14, 2003	Examiner N. R. Pous	Art Unit 3731		
Applicant(s): Chu et al.					
Invention: SYSTEMS, METHODS AND DEVICES RELATING TO DELIVERY OF MEDICAL IMPLANTS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	35	- 34 =	1	x 50.00	50.00
<b>Independent Claims</b>	4	- 5 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>50.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-1945</u> in the amount of \$ <u>50.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Annika K. Imbrie</u> Annika K. Imbrie, Ph.D. Attorney/Agent Reg. No.: 58,719				Dated: <u>April 6, 2007</u>	
FISH & NEAVE IP GROUP, ROPES & GRAY LLP One International Place Boston, Massachusetts 02110-2624 (617) 951-7682					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.					
Dated: <u>4/6/07</u>		Signature: <u>Jennifer L. Cioffi</u> (Jennifer L. Cioffi)			



I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 4/6/07

Signature: Jennifer Cioffi

(Jennifer Cioffi)

Docket No.: MIY-P01-024  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Chu et al.

Application No.: 10/642,395

Confirmation No.: 9490

Filed: August 14, 2003

Art Unit: 3731

For: SYSTEMS, METHODS AND DEVICES  
RELATING TO DELIVERY OF MEDICAL  
IMPLANTS

Examiner: Natalie R. Pous

**AMENDMENT IN RESPONSE TO FINAL OFFICE ACTION**

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated February 9, 2007, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

04/10/2007 SSESHE1 00000056 181945 10642395

01 FC:1202 50.00 DA